

**COMBINED DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES  
PATENT APPLICATION**

As a below named inventor, I (we) hereby declare that:

My residence, post office address and citizenship are the same as stated below next to my name.

I (we) believe I am (we are) an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HYDRAULIC MULTIWAY VALVE DEVICE

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the specification of which (check one)

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as Application Serial  
No. \_\_\_\_\_

and was amended on \_\_\_\_\_ (if applicable).

☐ was filed as PCT International application No. \_\_\_\_\_ on \_\_\_\_\_

and was amended on \_\_\_\_\_ (if applicable).

I (we) hereby state that I (we) have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I (we) acknowledge the duty to disclose information known to me to be material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I (we) hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Number	Country	Filing Date (d/m/y)	Priority Claimed	
BO2002A 000735	ITALY	NOVEMBER 20, 2002	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/>

I (we) hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulation, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No.	Filing Date (d/m/y)	Status (Patented, Pending, Abandoned)
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I (we) hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and to act in accordance with the instructions from:

William J. Sapone, Registration No. 32,518, Henry D. Coleman, Reg. No. 32,559 and R. Neil Sudol, Reg. No. 31,669 all of Coleman Sudol Sapone P.C. 714 Colorado Avenue, Bridgeport CT 06605-1601 U.S.A.

Address all telephone calls to: **William J. Sapone, Esq.** at Telephone No. **(203) 366-3560**

Address all correspondence to: **William J. Sapone, Esq.**

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**COLEMAN SUDOL, SAPONE P.C.**  
**714 Colorado Avenue**  
**BRIDGEPORT CT 06605-1601 U.S.A.**

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I (we) hereby declare that all statements made herein of my (our) own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of sole or first inventor: Giuseppe MONTI


Residence: PIANORO (BOLOGNA) ITALY

Post Office Address: Via dello Sport 23 40065 PIANORO (BOLOGNA) ITALY

Country of Citizenship: ITALY

November 10, 2003

Date

  
Inventor's Signature

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Full name of second inventor:

Residence:

Post Office Address:

Country of Citizenship:

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Date

Inventor's Signature

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Full name of third inventor:

Residence:

Post Office Address:

Country of Citizenship:

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Date

Inventor's Signature

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